

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90128 001 \*\*\*\*61.25

0001224

**DOCUMENT # N02000009792**

1. Entity Name

**IN THE TWINKLING OF AN EYE FOUNDATION, INC.**



Principal Place of Business

2676 MCMULLEN BOOTH RD., SUITE 933  
CLEARWATER FL 33761

Mailing Address

2676 MCMULLEN BOOTH RD., SUITE 933  
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0812056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOTHROP, MONICA V**  
**101 E. KENNEDY BLVD., SUITE 2800**  
**TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D P** ☐ Delete  
NAME **WEBER, LORI A**  
STREET ADDRESS **2676 MCMULLEN BOOTH RD., SUITE 933**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D T** ☐ Delete  
NAME **RINEHART, MONICA V Lothrop, Monica V.**  
STREET ADDRESS **101 E. KENNEDY BLVD., SUITE 2800**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D S** ☐ Delete  
NAME **ITRO, CORINNE**  
STREET ADDRESS **2550 STATE RD. 580, #145**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D VP** ☐ Delete  
NAME **A. LORI RINEHART**  
STREET ADDRESS **1916 HIGHVIEW DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **MAUREEN WILSON**  
STREET ADDRESS **1452 FLATWOOD COURT**  
CITY-ST-ZIP **TRINITY, FL 34655-5341**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

5/1/03 (813) 227-2348

CR2E037 (10/02)